

Town of Culpeper
400 South Main Street, Suite 109
Culpeper, VA 22701
Phone (540)829-8220
Fax (540)829-8239

UTILITY SERVICES DISCONNECT REQUEST

Date to be Disconnected : _____ (You must choose a business day in the future, we do not cut service off for the same day we receive this form)

Account Number: _____

Service Address: _____

Forwarding Address: _____

Daytime Phone Number: _____

Comments: _____

I (We), _____ request my services to be disconnected for the address listed above. I have provided my forwarding address for the final bill to be mailed to.

I am aware the trash can # _____ that was assigned to the address above is Town of Culpeper property and must remain at that address. If the trash can is not onsite when on the disconnect day, **I will be charged \$60 for the replacement of the trash can on my final bill.**

Applicant or Co-Applicant on Account:

For Office Use Only:

Verified By: _____
Customer Service Representative

Service Order Completed _____

Forwarding Address Updated: _____

Trash Cart Work Order _____